

MISSOURI DEPARTMENT OF HEALTH
BLOOD ALCOHOL TEST REPORT - DATAMASTER

SUBJECT'S NAME	DATE OF TEST
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OPERATIONAL CHECKLIST: DATAMASTER

SERIAL NO.	LOCATION OF INSTRUMENT
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☐ 1. Subject observed for at least 15 minutes by _____.
No smoking or oral intake of any material during this time; if vomiting occurs, start over with the 15 minute observation period.

☐ 2. Assure that the power switch is ON.

☐ 3. Press RUN button.

☐ 4. When display requests INSERT TICKET, insert evidence ticket.

☐ 5. Enter subject and officer information.

☐ 6. When display reads PLEASE BLOW and gives audible beep, take subject's breath sample.

☐ 7. When printer has completed printing out test result, remove ticket from printer. Attach printout to this report.

CERTIFICATION BY OPERATOR	BAC
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As set forth in the rules promulgated by the Department of Health related to the determination of blood alcohol by breath analysis, I certify that:

☐ 1. There was no deviation from the procedure approved by the department.

☐ 2. To the best of my knowledge the instrument was functioning properly.

☐ 3. I am authorized to operate the instrument.

☐ 4. No radio transmission occurred inside the room where and when this was being conducted.

NAME OF OPERATOR	PERMIT NO.	EXPIRATION DATE
WITNESS (IF ANY)		DATE